

BUREAU OF THE CENSUS  
FILED JUL 21 1944

STANDARD CERTIFICATE OF DEATH

State File No.

6104

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5660 Cabanne  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL.")  
(d) Street No..... 5660 Cabanne  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Nellie E. Baker

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or face White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife..... Ralph 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... August 8, 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 0 If less than one day hr. min.

9. Birthplace..... Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation..... Housewife

11. Industry or business.....

MOTHER FATHER

12. Wm. H. Strong  
13. Birthplace..... Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Lyda Spangler  
15. Birthplace..... Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Jones  
(b) Address 5660 Cabanne

17. (a) Removal (b) Date thereof 7/10/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaHarpe, Ill.  
Edith E. Ambruster

18. (a) Signature of funeral director.....  
(b) Address 4234 Manchester

19. (a) JUL 10 1944 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1944 hour 7.30 A.M. minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Coronary Sclerosis  
Due to Arteriosclerosis  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work..... Means of injury.....  
23. Signature Wm. J. Perry (M. D. or other)  
Address..... Date signed 7/10/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**